



# Form CPF M 102: Campaign Finance Report Municipal Form · Office of Campaign and Political Finance

File	with:

Cit

y or Town Clerk or Election Commission Please print or type all in	formation, except signatures.
Fill in dates:  Reporting Period Beginning Feb 1 20	or Month MAY 2022  Ending My 24 2622
Type of report: (Check one)  ☐8th day preceding preliminary	ion   30 day after election   year-end report   dissolution
BUY L ALBEPEININI	
Full Name of Candidate (if applicable)	Committee Name
SEIECT BOAM Office Sought and District	Name of Committee Treasurer
215 MAIN ST	realie of Committee Treasurer
Residential Address	Committee Mailing Address
Tel No. (optional)	Tel. No. (optional)
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending balance from pre	
Line 2: Total receipts this period	(page 2, line 11) \$ 266-39
Line 3: Subtotal (line 1 plus line 2)	\$ 266 - 39
Line 4: Total expenditures this pe	eriod (page 3, line 14) \$ 266 " 39
Line 5: Ending balance (line 3 minus	s line 4)
Line 6: Total in-kind contributions	this period (page 4) \$ 266-39
Line 7: Total (all) outstanding liabil	
Line 8: Name of bank(s) used Wor	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf.  Signed under the persons activity of all persons acting under the authority or on behalf.	
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf   Candidate without Committee OR Candidate with Independent activity I certify that I have examined this report including attached schedules and it is finance activity, including contributions, losses, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf   Signed under the penalt	i, to the best of my knowledge and belief, a true and complete statement of all campaign committee in accordance with the requirements of M.O.L. c. 55. I have not received any during this reporting period, by filling separate report, to the best of my knowledge and belief, a true and complete statement of all campaign tements, in-kind contributions and liabilities for this reporting period and represents the fof this committee in accordance with the requirements of M.O.L. c. 55.
Candidate signature (in ink)	Uale/

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only lumize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)	
	GUY L. AIBGIGHIMI  215 MAIN 9T  CUY L AIBEN GHIMI  200 MAIN 9T	93	49	CAMPAIN SIBNG CAMPAINN GIGLG	
3/36	Coy LAIBENGHILI	172	90	· CAMPAINOR	
·					
		*			
	•				
			ļ · ·		
I in a O	Total receipts in excess of \$50 (or listed above)	266	39		
	Total receipts \$50 and under* (not listed above)		<u> </u>		
	TOTAL RECEIPTS IN THE PERIOD	266	39	· -	

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	n page.  To Whom Paid  (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
3/7	CHELPACON BUILD A GION COM	THE CHAPLICON	CAM/A162 91927	172	90
3/30	Bull A GIBN	Prints on THE CHIPMICON BUILPA SIGN, EUM	9162 G	93	49
-					
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			1		
	·				
		Line 12:	Expenditures over \$50	266	39
			Expenditures \$50 and under*	* 1	<del>                                     </del>
	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	266	301

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be

added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/7	GOY B. Albergani	215 MAIN 9T	SAMPAIGN 91824 PENCHACE	178.90
3190	GUY L Alber GHIAI	215 MAIN GT	CANPAIBN MBNG FULCARGE	93.49
			In-kind over \$50	266.39
	Enter on page 1, line 6		In-kind \$50 and under  Total In-kind	206-39

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address Purpose	Amount
			,
		-	
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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